

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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THE PRESIDENCY OF THE ASSOCIATION.

About the most important duty the American Medical Association has to do is to elect its officers. Individually it eats and drinks a little, to be sure; but as an organization the work we have referred to is its chief one. The men who thought the A. M. A. could make a first-class living as a scientific body have almost faded away.

It was with intense satisfaction that the profession heard last year of the election of Dr. Bowditch to the first place in the national council. He was among the foremost representatives of medical science in this country, a devoted adherent of the Association, a traditional leader, and the office sought him; and so, when the news of his election spread during the centennial year, while here and there might have been a special favorite, we said, of course. Great is the wisdom of Medicine—great is its virtue. We are above the fallen times. We send to Philadelphia the same sort of men our fathers did a hundred years ago. And so stock in the Association rose, and opinion as to ourselves was at a healthy premium.

There has been a tumble in the market at Chicago. The humanity of the Association is proved to be of the ordinary American sort, and the convention has been raided just as happens at times to its political cousins.

It is a bad piece of business. If there had been a particle of excuse! If some medical Blaine and Bristow had been fighting for the crown between whom peace had to be made at any price; and if the man selected had had some prominence in the Association! But there was no conflict between the

leaders, and the president elect is scarcely a member of the Association. If the thing had not been arranged for in the nominating committee, and a knowledge of the event foreshadowed to the convention, it would have been an even bet who would have fainted first with surprise when the announcement was made, the gentleman elected or the body which was supposed to have elected him.

It is a bad business, we say, and the Association can not stand much of it. Who did it? They say it came from Philadelphia and Washington. They could have done much better at home. Agnew, who represents the common sense of American surgery, would have been welcomed. Da Costa, Greenleaf of Medicine, was a national man. Wallace, the thunderer, would have made men from Canada to the Gulf listen to him. Biddle would have given a charm to the office only possibly to be equaled when some Chesterfield studies medicine. Wood might have had it; but he has been overlucky of late, and ought not to be spoiled. There were Billings and Busey; and heavens! what a chance there was in either! This is all side-talk, of course. Every body knows who was in the line of promotion just as well as who was not. We protest that Austin Flint, the first doctor of the country, is passed by. That Lewis Sayre, that White, that Byford, that Bartholow, that Parvin, and other men, to whom the Association is indebted so much for its life and American medicine for its rank, should be put rudely aside to make room for a stranger! This is his only sin, to be sure. The president elect is an author of fair repute, a surgeon of excellent standing, and a gentleman of the highest social position; but he is utterly unknown in the

councils of the Association. And let this business be put at its proper door. Do not say it was a concession to the South. Since the war the South has had six representatives in the presidential chair of the Association. And if a sprat had to be thrown to the Southern whale, there were men to choose from of at least equal reputation with the president elect, and who were known to be in sympathy with the Association. Where were the grand old Cabell and Miles and Hunter McGuire—not only surgeon to Stonewall, but stonewall of surgeons? But the South had nothing to do with it. It was the “slopping over” of personal and powerful friends. We declare, too, that the South asks no undue concessions. It is no mendicant for honors. It wishes only that the best man may win.

CONSTITUTION AND BY-LAWS OF AMERICAN MEDICAL COLLEGE ASSOCIATION.

We print below the Constitution and By-laws agreed upon by the American Medical College Association at Chicago. So great is the space required that comment on the work done must be deferred:

CONSTITUTION.

ARTICLE I. NAME.

The name of this Association shall be the “American Medical College Association.”

ARTICLE II. OBJECTS.

The objects of this Association shall be the advancement of medical education in the United States, and the establishment of a common policy among medical colleges in the more important matters of college management.

ARTICLE III. OFFICERS.

The officers shall be a president, a vice-president, and a secretary and treasurer, who shall severally perform the usual duties of such officers. They shall be elected by ballot at each session of the Association, and shall serve from the time of adjournment of such session till the adjournment of the next ensuing session; but present officers shall be perpetually eligible to re-election.

ARTICLE IV. MEMBERSHIP.

Sec. 1. Any regularly chartered medical school in the United States which shall conform and subscribe

to the Articles of Confederation of this Association may become a member of the same.

Sec. 2. Any college member which shall be convicted upon trial of willful violation of any of the Articles of Confederation of the Association, or which shall fail to make answer to such charges of such violation, duly preferred, at the meeting at which the same come up for trial, shall thereby forfeit its membership in the Association.

Sec. 3. Any college which shall thus have forfeited its membership, or any college whose original application for membership shall have been rejected by the Association, shall not be eligible for membership again until a period of two years shall have elapsed since the time of forfeiture or rejection.

ARTICLE V. MEETINGS.

Meetings of the Association shall be held not oftener than annually, at some time in the months of May or June. The exact time and place shall be fixed by the president with regard to the object for which the meeting is to be held; but when in his judgment there is no special reason to the contrary, preference shall be given to the place of meeting of the American Medical Association, and to a time conveniently near to the time of meeting of the same.

ARTICLE VI. REPRESENTATION AND VOTING.

At the meetings of the Association each college may be represented by one or more delegates, or may submit, in writing, resolutions, amendments to the Constitution or By-laws, or its vote upon pending questions, except upon charges against a college for violation of the Articles of Confederation. In all cases each college shall have but a single vote; and when representation is by two or more delegates, the vote shall be cast by the senior delegate in faculty rank. The president shall not be deprived by his office of his privileges as delegate in voting. Upon questions connected with the trial of charges against a college the accusing and accused colleges shall have no vote.

ARTICLE VII. AMENDMENTS.

Amendments to the Constitution may be proposed at the meetings of the Association or by letter to the secretary. In order to be entertained they must be seconded at the time of proposal by one other college or its delegate. When proposed at a meeting, or submitted to the secretary after call for a meeting has been issued, they must lie over a year before a vote is taken. Upon voting, two thirds of the votes cast shall be necessary for adoption.

BY-LAWS.

ARTICLE I. CALLS FOR MEETINGS.

The calls for meetings shall be issued by the secretary, after conference with the president as to time

and place, and must not be later than two months before the proposed time of meeting. The secretary shall call meetings upon:

1. Direction of the president, who is empowered to convene the Association at his pleasure.
2. Resolution of adjournment at previous meeting.
3. Receipt, before March 1, of proposed amendments to the Constitution, By-laws, or Articles of Confederation, duly recommended by two colleges, or of a written request for a meeting for any purpose, when proffered by not less than three colleges.
4. Receipt, before January 1, of charges and specifications against a college for violation of the Articles of Confederation.

In all cases where a call for a meeting is issued the object of the same must be stated in the call, with proposed amendments, resolutions, or charges given in full.

ARTICLE II. ORDER OF BUSINESS AT MEETINGS.

The order of business at meetings shall be as follows:

1. Presentation of credentials of delegates.
2. Reading of minutes of last meeting.
3. Voting upon pending questions.
4. Reading of annual reports of members.
5. Introduction of new business.
6. Election of officers for the ensuing term.
7. Treasury report of the secretary.
8. Adjournment.

ARTICLE III. ADMISSION TO MEMBERSHIP.

Sec. 1. Colleges which shall through their delegates subscribe to the Constitution, By-laws, and Articles of Confederation at the meeting of the Provisional Association of Medical Colleges, at which the same shall have been adopted, and shall file with the secretary a copy of their college charter, shall thereby become members of the Association.

Sec. 2. After adjournment of the aforesaid meeting, colleges wishing to join the Association must apply to the secretary and forward a copy of their college charter. The secretary shall thereupon send notice of such application to all the colleges of the Association. If after four months no objection shall have been received, the secretary shall then send to the applicant a copy of the Constitution, By-laws, and Articles of Confederation, and on return of the same duly subscribed by an authorized officer of the college shall enter the name of said college upon the roll of members of the Association. Objection to the applicant on the ground of non-conformity to the Articles of Confederation may be made by any college member; but the same must be submitted in writing to the secretary, and within four months after receipt of the notice of application. Such objection must be in the form of definite charges and specifications. Upon the receipt of a written objection the secretary

shall immediately forward the same to the applying college; and, where the objection shall have been received before January 1, shall call a meeting of the Association for the ensuing season to consider the same. At this meeting the applying college shall be allowed to send a member of its faculty to conduct its case before the Association. The consideration of the objections shall then be conducted in the manner prescribed in Article IV for trial of charges against a member, and a two-thirds vote shall be necessary for admission of the applicant.

Sec. 3. Any college which shall have been disqualified for membership for two years, as provided in Article IV, sec. 3, of the Constitution, and which shall at the expiration of that period desire to join the Association, must make application again in the regular form.

ARTICLE IV. CHARGES AGAINST MEMBERS.

Sec. 1. Charges against a college member for violation of any of the Articles of Confederation shall be entertained only when preferred by a college member of the Association and accompanied by definite specifications. Such charges and specifications must be submitted in writing to the secretary on or before January 1. Upon receipt the secretary shall immediately transmit the same to the accused college, and, unless the charges be in the meantime withdrawn, shall convene the Association for the ensuing season for trial of the accusation.

Sec. 2. At the trial of the charges against a member the accusing college must be represented by delegate; but the accused may, at its option, submit a written defense only, without representation by delegate. The case for the prosecution shall first be submitted, and then that for the defense. No counsel shall be allowed, but the witnesses on either side may be cross-examined by any delegate present. The Association shall decide by majority vote upon the admissibility of evidence or of questions to witnesses. Upon closure of the case a vote shall be taken thereon before the final adjournment of the session, and a two-thirds vote shall be necessary for conviction.

Sec. 3. In case of failure by an accused college to make answer to the charges at the meeting of the Association duly convened for trial of the same, the meeting may by majority vote drop the accused college from the roll of members; and such dropping shall be equivalent to forfeiture of membership for conviction of violation of the Articles of Confederation.

Sec. 4. No member shall be tried twice upon the same specifications.

ARTICLE V. DELEGATES.

Sec. 1. Delegates to the meetings of the Association must be chosen from among the executive officers of a college, or from members of the faculty

having a vote on the passage of candidates for graduation.

Sec. 2. In case objection is made to any delegate upon grounds of personal unfitness, the case shall be argued before the meeting, and by a two-thirds vote the delegate may be excluded. But in such case the retiring delegate shall be entitled to file with the secretary such communications or votes upon pending questions (except upon charges against a member or applicant) as he may have been instructed by his college to present to the meeting.

ARTICLE VI. AFFILIATED COLLEGES.

Sec. 1. The list of American affiliated colleges to be recognized by the Association shall include only the following: 1. Members of the Association; 2. Colleges not members which are not ineligible for membership, and which conform to the following of the Articles of Confederation: Article I, sections 1 and 3 of Article II, Article III, Article V.

Sec. 2. The secretary shall send a copy of this Article and of the Articles of Confederation to all American medical colleges not members of the Association, with a request to know if they desire to be placed upon the affiliated list, and if they conform to the requirements demanded. Upon receipt of an affirmative answer, accompanied by a copy of the college charter, he shall notify all members of the Association of the fact, and the admission of the college to the affiliated list shall then be proceeded with in the same manner as provided in Article III, for admission to membership.

Sec. 3. Charges against an affiliated college shall be proceeded with in the same manner as provided in Article IV, for proceedings in case of charges against a member.

Sec. 4. Upon conviction of non-conformity with the necessary requirements for a place upon the list of affiliated colleges, the convicted college shall be dropped from the same, and shall not be eligible for re-establishment till a period of two years shall have elapsed.

ARTICLE VII. REPORTS.

Sec. 1. Every college member and every affiliated college shall forward yearly to the secretary of the Association as many copies as there are colleges in the Association, of every catalogue, circular, announcement, prospectus, form of advertisement or other publication issued by the college during the year, and shall also make a full and true report embracing the following points: 1st. Honorary degree conferred within the year, with the name and age of the recipient, and the reasons why the degree was given; 2d. The names of all persons who have been allowed remissions or reductions of established fees, with the reasons in each case for the proceeding. If no honorary degrees have been conferred or re-

ductions or remissions of fees made, the fact shall be reported.

Sec. 2. At each meeting of the Association the printed documents specified in section 1 shall be distributed among the delegates present, and the special reports as to honorary degrees and reductions and remissions of fees shall be read to the Association by the secretary.

Sec. 3. The documents and reports called for in section 1 must be forwarded to the secretary within four weeks after the annual commencement of the college. In case of failure to do so on the part of any college the secretary shall notify the delinquent of its failure, and if the reports be not received within four weeks after issuing such notice the delinquent college shall be suspended in its membership of the Association, and in its privileges as an affiliated college, until the required reports be made. In such case the secretary shall notify both the delinquent and all the colleges of the Association of the suspension, and upon the receipt of the reports, of the reinstatement of the delinquent college.

ARTICLE VIII. ASSESSMENTS.

Sec. 1. To meet expenses the secretary may assess the colleges of the Association in a sum not to exceed \$10 a year.

Sec. 2. He shall account for his receipts and expenditures at each meeting of the Association.

Sec. 3. Any college which shall be two years in arrears shall be notified of the fact by the secretary, and if the dues be not paid within three months thereafter the delinquent college shall be suspended in its right of representation in the Association until payment be made.

ARTICLE IX. AMENDMENTS.

Medical colleges belonging to this Association shall publish the Articles of Confederation in their annual catalogues for at least three consecutive years after joining the Association.

ARTICLE X.

Amendments to these by-laws shall be proposed and adopted in the manner prescribed for amendments to the constitution.

LIST OF COLLEGES IN THE ASSOCIATION.

The following is the list of colleges and their representatives which formed the American Medical College Association at Chicago. The number of colleges is twenty-five. The majority of the remaining institutions will no doubt join before the year is over:

Jefferson Medical College, J. B. Biddle; College of Physicians and Surgeons, Medical Department of

Columbia College, New York, Edward Curtis; Medical Department of the University of Louisville, J. M. Bodine and L. P. Yandell, Jr.; Hospital Medical College of Louisville, Wm. Bailey and D. S. Reynolds; Medical Department Iowa State University, W. F. Peck and E. F. Clapp; Chicago Medical College, Medical Department of the Northwestern University, N. S. Davis; Medical Department University of Wooster, Ohio, W. J. Scott and H. J. Herrick; Cleveland Medical College, Medical Department of Western Reserve College, Isaac N. Hines, Detroit Medical College, E. W. Jenks, Theodore A. McGraw and Leartus Connor; Starling Medical College, S. Loring; Medical Department, University of Vermont, A. T. Woodward; Medical Department of the Nashville and Vanderbilt Universities, T. A. Atchison and John H. Callendar; Missouri Medical College, St. Louis, P. G. Robinson; Dartmouth Medical College, Hanover, New Hampshire, C. S. Dunster; Kansas City College of Physicians and Surgeons, T. B. Lester; Miami Medical College of Cincinnati, Ohio, John A. Murphy; Louisville Medical College of Louisville, Ky., C. W. Kelly and E. S. Gaillard; Department of Medicine and Surgery of the University of Michigan, Donald Maclean; Medical Department of the University of Louisiana, New Orleans, T. G. Richardson; Rush Medical College, Moses Gunn; Indiana Medical College, John A. Coninger; Medical College of Ft. Wayne, H. A. Clark; The Woman's Hospital Medical College of Chicago, Charles W. Earle.

Original.

REMARKS ON TEN CASES OF ERYSIPELAS.

BY A. A. BONDURANT, M. D.

Several cases of erysipelas have occurred in my practice, during the last two months, of such a character as to give me a great deal of trouble.

CASE I.—Farmer, aged about twenty years, temperate, had been exposed to cold and wet. Upon visiting him found both cheeks and forehead greatly swollen. He had been using the old domestic remedy, "copperas and buttermilk." I had the bowels kept open by the use of epsom salts, gave fifteen drops of muriated tincture of iron every six hours, ten grains chlorate of potash every four hours, and broken doses of quinine, which constituted the internal treatment.

The local treatment consisted of a saturated solution of acetate of lead. The patient was convalescent in five days, and was soon entirely well.

CASE II.—Farmer, aged fifty-four years. When I visited him he seemed to be laboring under an attack of influenza. He complained of sore throat, and on examination I found considerable inflammation of the pharynx and tonsils, left parotid gland enlarged, and pulse 108. Gave mild chloride of mercury and extract of colocynth, ten grains of the former and six of the latter, divided into three powders; one powder every two hours. Gave muriate of ammonia and quinine; also chlorate of potash to take and use as gargle.

Called the next day and found him no better in any respect, and suffering with an intense headache. Gave bromide of potash to relieve the head symptoms; directed the use of the muriated tinct. of iron, ten drops every three hours; also the iron was applied to the fauces occasionally by means of an ordinary mop.

The next day the parotid and cervical glands were still enlarging on both sides, tonsils red and swollen, breathing somewhat difficult, and left cheek a little painful to the touch. I increased the iron to fifteen drops every three hours, had warm poultices applied to the painful parts, and prescribed for the enlarged glands a liniment of chloroform, tinct. of aconite, and tinct. of opium, each one ounce; aq. ammonia, half ounce; and continued the other medicines, except the mercury.

The next day erysipelas had made its appearance on the nose, and gradually extended over the face, head, and neck. The pain in the head disappeared immediately after the external appearance of the erysipelas. I applied tincture of iodine and alcohol in equal quantities for two days. The swelling was so great, and seeing no improvement, I tried collodion, also acetate of lead, adding to the internal treatment hydrastis and aconite. The eyes were closed, and abscesses formed on the cheeks; when

opened they discharged considerable pus. He never had any appetite while sick.

About the tenth day of his illness patient complained of sick stomach, excessive thirst, considerable tympanitis, vomited profusely, and in twenty-four hours died.

My opinion is that erysipelas of the bowels destroyed my patient.

CASE III, aged forty-five years, was attacked like Case II. I saw him five days after the attack, and one day after the erysipelas had made its appearance on the nose, as in the preceding case. He informed me that he had suffered dreadfully with his head until the erysipelas broke out, at which time his head ceased to pain him.

I treated him as I did Case II up to the sixth day of my visits, excepting the mercury. At the sixth day I applied the mush poultice all over his head and face. The swelling rapidly disappeared, until he was enabled to see distinctly with both eyes. I thought then if I had applied the poultice at an earlier date perhaps I could have saved my patient; but his lungs had become involved, and presented exactly the appearance of pneumonia in its third stage when it proves fatal. My patient died two days later, making an illness of thirteen days.

CASE IV.—Farmer, twenty-four years of age, had been treated by another physician some days, when I was called in. Patient informed me that his physician had been giving him calomel and quinine all the time. The erysipelas made its appearance the day I was called in. The treatment consisted of epsom salts, muriated tincture of iron, hydrastis, muriate of ammonia, and chlorate of potash, with an opiate occasionally to promote quietude. Applied linseed oil and carbolic acid to the affected parts, which consisted of the face and scalp, as did the others. He was unable to swallow scarcely any thing for several days, and was unconscious most of the time unless his mind was employed by the conversation of some one. He was almost deaf during the height of his attack. In three weeks he was convalescent, and is now well.

CASE V.—Aged thirty years, married lady, mother of three children, of nervous temperament; was taken with light chill; parotid and cervical glands enlarged, as in preceding cases. She suffered from a most violent headache for five days. Complete anorexia was a feature of this case till convalescence; also of the others, but not to so great an extent. I put her upon a mild course of mercury, muriate of ammonia, and quinine; gave pulsatilla to relieve cephalalgia, which acted like a charm. She complained of rigors for three or four days.

I diagnosed it a case of erysipelas in its incipency at my first visit. Her breath was the most disagreeable I ever inhaled. After the second day I abandoned the use of mercury, and began the use of muriated tincture of iron in large quantities. On the fifth day I applied the poultice freely and as warm as she could bear it. The sixth day her fever had cooled, and the swelling had considerably disappeared from the enlarged glands. The symptoms were so flattering I should have discharged the case had I not been called in the same neighborhood the following day. I entered the room, glanced at her, and asked how long her nose had been sore. She replied that her nose was not sore. I placed my finger upon a red spot on her nose, and it gave her pain. I then ceased to use the iron, and began local treatment with mercurial ointment, continuing the other medicines. In two days the entire face, neck, and scalp were involved. The swelling was great, but in three days it began to disappear; after which time she was soon able to be up, though she gained strength very slowly.

CASE VI.—Aged thirty-five, a lady, the mother of several children; had been in delicate health some time. She was attacked like the preceding cases; throat and base of tongue were affected worse than either case prior to hers. Treatment consisted of epsom salts, muriated tincture of iron, hydrastis, and aconite, until her throat and tongue became so much involved she could not swallow any thing. At the sixth day

glossitis began suddenly and unexpectedly, and in two hours she was unable to speak understandingly; the tongue soon protruded from the mouth. I used glycerine, tannin, and muriated tincture of iron, applied by means of a mop.

The next day I called in my friend Dr. T. Vernon. We found patient no better. At his suggestion we added to my treatment sulphate of zinc and acetate of lead, to be applied alternately with the other, making an application every two hours. In twenty-four hours she began to improve. The erysipelas made its appearance on one side of the face only, and was very slight. Patient recovered.

CASE VII.—Aged twenty-seven, farmer; previous health good; habits good; was attacked similarly to the preceding case, and put on the same treatment. He continued about the same until the tenth day, when his tongue began to swell rapidly, and so continued till it protruded from the mouth, and there remained for six days without any perceivable change. I used two preparations locally: one consisted of the acetate of lead and sulphate of zinc, each ten grains to the ounce; the other of muriated tinct. of iron and fluid extract of wild indigo, two parts of the former to one of the latter. Applied them alternately, making an application to the tongue and fauces every two hours.

In six days the tongue had completely scabbed over, and then began to peel off, and the swelling began to diminish. At this time I began to give iron and the sulpho-carbolate of soda, the latter being suggested to me by my friend Dr. John Moorman. Erysipelas made its appearance the following day near the right ear, and continued over the face and head; but in four days it began to subside, and my patient slowly recovered.

CASE VIII.—A boy, nine years of age, attacked like the others, but in a milder degree. Internal treatment same as preceding case, except the sulpho-carbolate of soda. The local treatment consisted of muriated tinct. of iron to the inflamed tonsils

and acetate of lead to the erysipelas, which involved only the nose and one cheek. The erysipelas disappeared in two or three days; and the boy would have been up, but at that time an abscess made its appearance in the perinæum, which gave him a vast amount of suffering. I opened the abscess ten days later, at which time it discharged considerable pus, giving the patient immediate relief, and he soon recovered.

CASE IX.—A boy, eight years of age; had been visited once by my friend Dr. Vernon a week prior to my visit. I was called in the day erysipelas made its appearance. I soon ascertained that he had gone through the same course of symptoms as the other cases, with an additional trouble of urinating, and also very scanty. As a diuretic I gave bicarbonate of potash, which acted like a charm. The medicines used in this case were three small doses of calomel the first day, then sulpho-carbolate of soda, quinine, iron, and hydrastis; locally, glycerine and carbolic acid. The patient recovered in two weeks from the time visited by Dr. Vernon.

CASE X.—Aged thirty-five years, farmer, sent to me for medicine, with the statement that he was costive, glands of neck swollen, fever, and intense headache. I prescribed for him ten grains of mild chloride of mercury and five of rhubarb, divided into two powders. Sig. One at six and the other at nine o'clock P. M.; also ten grains sulpho-carbolate of soda every two hours. Supposing it to be a case of erysipelas, I sent him mercurial ointment, with the directions to use it if erysipelas broke out. He sent for me the second day after I sent the medicine. I found as bad a looking case of erysipelas as I had ever seen, considering the time he had been sick, except his throat and tongue were not involved. Continued the sulpho-carbolate of soda and mercurial ointment, added chlorate of potash with a view to avoid pytalism by the ointment, also gave digitalis as an arterial sedative.

In three days my patient was rapidly improving, and was soon riding about; but now, two weeks since the attack, has a large

abscess in the left parotid gland. This is the only case that did not take iron, and the second that used the sulpho-carbolate soda from the beginning, and the only case that used the mercurial ointment from the first of the attack. I was better satisfied with the progress of this case than any other. In every case the erysipelas began to subside first at the point where it first began, and the last place attacked was the last to get well.

Were I to pass through another epidemic of erysipelas, I would give the sulpho-carbolate of soda a fair and impartial trial as an antiseptic. Muriated tincture of iron has not proved a sovereign remedy in my hands.

CHARLESTON, Mo.

A UNIQUE CASE.

BY W. W. CLEAVER, M. D.

May 27, 1875, I was called to see a child, two years old, who had fallen from the top of a circular stairway to the floor below, a distance of fourteen feet. I found the child lying upon the lap, pulseless, and seemingly lifeless. I placed my ear to the chest, and found that it was still living. The head was literally crushed. I at once applied cloths saturated with whisky to the chest and abdomen, and mustard to lower extremities. I now adjusted the cranial bones, and applied a roller bandage. I left, with a promise to return in two hours, expecting to find the child dead. Returned, and found my little patient had rallied, but having frequent spasms; pulse perceptible at the wrist, but very small and frequent; and one eye squinted. To relieve the brain of pressure, I removed the bandage and applied to the head ice-water, and gave an enema of soap-suds and turpentine, which acted promptly. At midnight it could swallow. Gave four grains of calomel, which acted well in the early morning, the spasms having ceased during the night.

May 28th: Ordered nourishment to be given every hour or two, keeping up the cold to the head, which was now very hot.

In ten days the child was convalescent, and I discontinued my visits.

June 27th: Just one month from date of injury the mother brought the child to my office in its buggy. I found a fluctuating tumor upon its head, three quarters of an inch in diameter and six inches in length, commencing just over the left orbital ridge, and running upward, backward, and across the head, passing over the coronal and sagittal sutures, ending at or perhaps a little beyond the lambdoid suture, implicating the frontal and two parietal bones. The tumor was six inches long. Under this tumor its entire length I could distinctly feel that the external bone was separated from one half to one inch in width. I could, however, feel that there was solid bone at the bottom of this groove or channel.

I sent for my friend Dr. Elbre, of the U. S. Army, to see the case with me. He, too, had seen nothing like it. We agreed that the fluid must come from the arachnoid membrane, and not blood from a ruptured artery, as I feared. The next day we determined to explore the tumor, and with a hypodermic syringe we drew off over one ounce of yellowish fluid. We now applied a compress and bandage to the empty sack. The child pulled it all off during the night, and by morning the sack had refilled. I then shaved the parts and again applied the compress, and covered it with a broad adhesive strip. This, too, was forced up by the pressure of the fluid, and we determined to leave it to nature.

In a few months the opening that furnished the fluid closed up, that which was in the sack was absorbed, and all went on well. The groove is gradually filling up, spiculae of bone strolling out from the sides, and some places reaching completely across the furrow.

Before the injury the patient was a very delicate, strumous child, with sore eyes and an uncontrollable diarrhea. Its eyes are now well, and it is a robust, healthy child, and is very sprightly and intelligent. It is nearly two years since date of injury.

Formulary.

[Communicated by various practitioners.]

GARGLE IN DIPHTHERIA.

R Acidi carbolic..... gtt. xx;
Acidi acetic..... ʒss;
Mellis } aa ʒij;
Myrrhæ tinct..... }
Aquæ.....ad ʒvj. M.

LAXATIVE IN HEMORRHOIDAL AFFECTIONS.

R Potass. bitart..... } aa ʒj.
Sulph. pulv..... }
M. S. A teaspoonful in water before breakfast.

IN INFLAMMATORY DIARRHEA OF CHILDREN.

R Leptandrin gr. viij;
Sodæ bicarb..... ʒj;
Syrupi rhei aromat..... ʒij.
M. S. A teaspoonful every two or four hours.

FOR BALDNESS.

R Acidi acetic..... ʒj;
Aquæ cologn ʒj;
Aquæ dest..... ʒvj.
M. Rub scalp with it night and morning.

HAIR TONIC.

R Quinæ sulph..... ʒj;
Zinci sulph..... ʒss;
Glycerini..... ʒij;
Spts. myrciæ.....ad Oj. M.

NERVOUS DEBILITY.

R Acid phos. dilut..... ʒss;
Calisayæ elix..... ʒij;
Elix. valerian ammon..... ʒj;
Glycerinæ ʒjss;
Vini xerici ʒij.
M. Tablespoonful three times a day.

AROMATIC ELIXIR RHUBARB AND FLUID MAGNESIA.

R Rhubarb (in coarse powder).. ʒiij, grs. 90;
Sulphate magnesia..... ʒij, grs. 96;
Sugar..... ʒiv;
Spts. menth. pip., U. S. P..... ʒj;
Alcohol } aa q. s.
Water }

Moisten the rhubarb with dilute alcohol and pack in a cylindrical percolator. Percolate with a menstruum of one part alcohol to four parts water until two pints of tincture are obtained. To this add the sulphate of magnesia, sugar, and peppermint, and let it stand in a moderately warm place for twenty-four hours, then filter.—*New Remedies.*

GARGLE IN SIMPLE PHARYNGITIS.

R Acidi gallici..... gr. x;
Tinct. capsici ʒss;
Infus. rosæ ʒvj.
M. Gargle frequently.

CHOLERA MIXTURE.

R Mist. cretæ ʒj;
Spts. chloroformi gtt. xv;
Tinct. opii gtt. iv.
M. To be taken every two or four hours.

Miscellany.

DR. T. G. RICHARDSON, of New Orleans, was elected president of the American Medical Association at Chicago; Drs. Gunn, of Chicago, and White, of Buffalo, vice-presidents. The place of the next meeting is Buffalo.

THE female sea-lion at Brighton has given birth to a fine young one. Both mother and offspring are doing well. This is the first instance of the sea-lion breeding in captivity.—*Brit. Med. Jour.*

CROWDED OUT.—The Russian Minister of War has been compelled to decline the numerous offers of assistance on the part of French, German, and Italian surgeons. Scurvy has made its appearance in the Turkish army.—*Ex.* They can't make it too sick for doctors.

NO CORONERS IN FRANCE.—There are no coroners in France. Persons who die suddenly are buried twenty-four hours after death on the mere certificate of a doctor. It is only when the death is sufficiently mysterious to excite suspicion that the *procureur* is sent for and orders a post-mortem examination. It can be easily seen that the cautious murderers have a good chance to escape.—*N. Y. Med. Record.* Is it possible that there breathes still a man who regards the coroner as any thing except a man who fills a place?

A SURGEON'S FORTUNE.—The late Mr. Coulson is said to have bequeathed to his two nephews, one a practicing surgeon, a fortune of upward of £250,000; partly the result of a long lifetime of lucrative practice, and partly acquired by the bequest of his deceased brother, the eminent government draftsman. Mr. Coulson has left a bequest of £1,000 to St. Mary's Hospital, £500 to the Royal Sea-bathing Infirmary, Margate, and £500 to the Penzance Public Dispensary.—*Brit. Med. Jour.*

THE Maryland Medical Journal, issued at Baltimore, edited by Dr. H. E. T. Manning and Dr. T. A. Ashby, was commenced in May. It is a monthly magazine containing thirty-six pages of reading matter; subscription price, \$3. Its first two numbers make a good appearance, and contain very readable papers. It is somewhat strange that Baltimore should have been so much behind-hand in journalistic enterprise. We hope her present venture will be successful.

DEATH IN THE MILK-PAIL.—In the course of last week a sudden outbreak of typhoid fever occurred in the town of Motherwell; within a very small area twelve cases appeared simultaneously. Inquiries made by the sanitary inspector showed that a woman suffering from fever was lying in a back room in a milk-dealer's shop in the street where the cases occurred, and that nearly all the families affected have got their milk from this shop. The inspector at once caused the sale of the milk to be stopped. In a report to the local authority he directed attention to the way in which fever cases had been imported into the parish. Ordinary fever patients were sent from the surrounding parishes to the fever wards of the combination fever house, which were meant solely for cases of fever occurring among the pauper inmates. Quite recently seven fever patients, who were not paupers, had been sent in from the parish of Bothwell. It was decided to put an immediate stop to this practice.—*British Medical Journal.*

HINT TO CIGAR SMOKERS.—Some smokers puncture the end of the cigar previous to lighting it; some bite off the end; others cut it smoothly with a knife. The latter is preferable, as may be judged from the case of a girl reported in the *Lancet*. She had an ugly chancre on her lip. Independent of the question as to how she became possessed of the sore, the interest of the case (and a melancholy one it is for smokers) centers in the occupation by means of which the girl got her living, for she had been pursuing it for a period of three weeks with this sore on her lip. She was employed in a cigar manufactory, where her work consisted in rolling the outer leaf round the bulk of the cigar, and when she came to finish off the end, which is put into the mouth, the custom was to bite the superfluous material off with her teeth, making the ends to "stick with a lick." The girl naively supposed that some poison had got from the tobacco into a small crack of the lip. But how much poison is it possible got from the lip among the tobacco? She estimated the number of cigars completed in one day at twenty dozen!—*Philadelphia Reporter.*

THE VALUE OF SCHOOLS OF MEDICINE TO HOSPITALS.—Sir Henry Thompson presided at the anniversary festival of the University College Hospital on Wednesday evening last. A large company of the supporters of the hospital, including the principal members of the medical staff and some of its most distinguished former pupils, assembled. Going out of the ordinary routine of speeches on such occasions, Sir Henry Thompson entered upon a forcible and lively vindication of the immense value to hospitals of the association with them of medical schools. Such a theme needs little enforcement for a medical audience; for we all know that the presence of medical students in the hospital not only gives force, vigor, and exactness to the work of the principal medical officers, but affords to the patients the valuable assistance of a large staff of skilled clinical assistants, whose daily work it is to

investigate thoroughly the histories of their diseases and watch and report their symptoms, and to perform all those minor offices intermediate between nursing and medical and surgical direction which are known as minor medicine and surgery. Sir Henry Thompson by no means exaggerated the value to every hospital of the presence in the wards of students of medicine. It is, however, very doubtful that benefit is fully appreciated by the outside public, who are much more disposed to be acted upon by vulgar prejudices in this matter. The excellent statements Sir Henry Thompson made, which we are glad to see reproduced at length in the leading papers of the day, will have a very useful effect, especially at the present moment.—*Brit. Med. Jour.*

NOT A CASE OF MALPRACTICE.—A case has just been decided in the Supreme Court of Maine which is worthy of brief record. Dr. Eugene F. Sanger, president of the Maine Medical Association, was sued for malpractice by the father of a child upon whom he had operated for club-foot. It appears that for a time the doctor not only attended the child for nothing, but even paid for the Scarpa shoes; but finally, tiring of this, refused to continue the case unless the necessary appliances were furnished. This not being done, the feet reverted to their original form. Seven thousand dollars damages were claimed, because the surgeon in his treatment of the case had not followed the practice of Dr. Sayre, and at the operation had allowed the escape of a teaspoonful of blood, and had cut the theca of the tendo Achillis. There was quite a long trial, in which it was not proven that the theca of the tendon was cut in this case; but it was proven that no amount of skill or care could prevent with certainty wounding of the theca, and that no more blood was lost in the operation than usual, and that the ultimate bad result was owing to the negligence of the parents. After all this, and after the lawyers had with great ability argued the case and earned their fees, the jury brought in a

verdict for the defendant. Surely in a case like this the law ought to require the expenses of the defendant to be paid by the plaintiff.—*Phila. Med. Times Ed.*

SAFE EMPLOYMENT OF NITRITE OF AMYL. George Weller, in *Brit. Med. Journ.*, says: "On March 12th I was attending a young lady suffering from cerebral anæmia. I ordered one of Messrs. Allen & Hanbury's capsules to be broken and inhaled, which was done at eight o'clock P.M. I was not present at the time, but was informed the next day that the household was so alarmed at the patient's excited condition and the pain complained of, that they were compelled to sit up half the night with her. The second case was that of a gentleman, aged thirty-five, a patient of mine whom I have repeatedly attended for nervous headaches. Last Saturday week he walked into my consulting-room suffering from one of his old attacks. Upon his being seated I broke one of the capsules in a piece of lint and applied it to the nostrils. He had not taken more than three inspirations when he sprang from his chair, and in an excited state exclaimed, "Good heavens! what is the matter? what have you done? I am dying." Thereupon he threw off his coat and fell on my couch. I need not tell you I was greatly alarmed. I gave him a stimulant of ammonia and chloric ether, and he was able, after three quarters of an hour, to walk home, a distance of half a mile from my house, with my assistance. He describes his sensations as if his brain were fixed tightly in a vice, a terrible throbbing in his head, together with a noise of rushing water. I consider that four grains is much too strong a dose. Probably the safest plan of administration is the one suggested by Mr. Lennox Browne; viz. by previously diluting it with rectified spirit."

DR. SUTTON, the last survivor of ninety-eight surgeons and assistant surgeons with Nelson at Trafalgar, is dead. He had been seventy years in the English naval service.

Selections.

Means of Arresting Epileptic Attacks.—M. Nothnagel gives (Berlin. klin. Wochenschrift, Nos. 41 and 46, 1876) the case of a workman subject to attacks of epilepsy, in whom each fit was preceded by an aura, occurring usually from a quarter of an hour to half an hour before the fit. The aura was characterized by a peculiar sensation of constriction, the seat and point of departure of which was the epigastrium. The sensation seemed to rise in the throat, and to compel the patient to breathe deeply and rapidly. Then it seemed to descend, and after recurring several times, finally affected the head, which was turned to the right, when the patient immediately became insensible. He had discovered for himself that on putting a quantity of salt into his mouth, as soon as the aura commenced, he could ward off the attack; a sensation of burning was experienced in the œsophagus, and the affection redescended; a teaspoonful was insufficient; a handful was required. Brown-Séquard arrested, it is well known, attacks of epilepsy in his epileptic Guineapigs by turning their heads briskly to the side of the body opposite to that of the medullary lesion; and it would appear that a strong peripheric stimulus will serve the same purpose, as sharp pinching of the skin in the epileptic zone or elsewhere, or the application of a tight ligature to the fingers. In such cases the effect is probably due to a simple reflex inhibitory influence. Prof. L. Meyer, remarking on these cases, states that several years ago, in fact as long ago as 1855, Prof. Nothnagel observed that sulphate of quinine administered a certain time before an epileptic attack was very effective in preventing its occurrence; and, in these days, when intravenous or subcutaneous injection can be so readily employed; this means would appear to be worthy of further investigation. The quantity administered by Prof. Nothnagel was from fifteen to forty-five grains.—*Practitioner.*

Treatment of Membranous Croup.—Dr. Walcher claims to have had great success in the treatment of membranous croup, both in its primary form and in the form which he regards as secondary to diphtheria of the pharynx. He employs the alcoholic tincture of eucalyptus globulus. Prof. Gubler and Dr. Gimbert, of Cannes, have shown that eucalyptol, the active principle of the eucalyptus, has a special action on chronic catarrhs, with muco-purulent secretion, especially when located in the lungs, and that the resinous principle is chiefly

eliminated through these organs. Dr. Walcher employed it with benefit in doses of from two and a half to five drachms per diem, in cases of chronic bronchitis in old people, and in a case of pulmonary gangrene that recovered. He then tried it in several cases of croup, and it succeeded beyond his expectations: in one cast of the entire trachea and of the first and second bronchial bifurcations was coughed up, and the patient, a child five years of age, recovered. He has now discarded local applications, and orders an ounce of the tincture of eucalyptus with three ounces of syrup, a teaspoonful of the mixture being given every hour. The children take it readily, and if given slowly, any diseased part in the pharynx will be sufficiently impregnated with the medicament. A mild emetic of ipecac is given occasionally, if the patient be strong enough to bear it. Cold drinks are given to relieve thirst, and cold applications are made to the head, if there is much congestion. The child's strength is to be kept up by proper nourishment; the alcohol contained in the above mixture is serviceable in this connection. Dr. Walcher has given five drachms and more of the tincture of eucalyptus per diem to a child five years of age, and has never known any bad symptoms to be produced by it. Dr. Siegn thinks that it is indicated in all febrile affections of the respiratory organs, and especially in hooping-cough.—*Gazette Medical.*

Oil of Turpentine in Sciatica.—In the Edinburgh Medical Journal for March there is an interesting paper by W. Allan Jamieson, M.B., M.R.C.P.E., on "Treatment of Sciatica by Oil of Turpentine." He gives it in the morning before breakfast, in the following formula: *R. Ol. terebinth ʒ ij., ol. ricin. ʒ iv., tinct. card. co. ʒ i., mucilage et aq. ad ʒ ij.* This draught is given every third or fourth morning if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane, as pointed out several years ago in a paper by the late Dr. Warburton Begbie, "On the Actions and Uses of Turpentine."

To make Leeches bite promptly.—Place the leeches in a glass half full of cold water. Cleanse the part to which they are to be applied carefully with warm water, and then apply the glass containing the leeches to the part. They attach themselves with surprising rapidity. The patients often speak of the bites appearing to be simultaneous. When the animals have all become attached, allow the water to escape into a sponge or cloth, so as not to wet the patient.—*Gazz. Med. Ital. Lomb.*